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[VOL. I.

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*On the Uterine Supporter.* By WM. HARRIS, M. D.

A lecture upon prolapsus uteri, which I delivered at the Medical Institute, in the Spring of 1839, was published in the May number of the Medical Examiner of the same year; and since that time the advantages and disadvantages of the *uterine supporter* have been freely discussed and its usefulness extensively tested.

Like every new improvement, the supporter met with formidable opposition, even from gentlemen of elevated standing in the profession, but it slowly crept into favour, and its superiority is now almost universally acknowledged. More than a hundred medical gentlemen in this city, among whom are Professors in each of the four Medical Schools, have tried it on their patients afflicted with prolapsus uteri, and are testifying to its great advantages over every other apparatus employed by the profession; and more than a thousand females either radically cured, or materially benefited, are earnestly recommending it to their fellow sufferers.

With whom the idea of an external uterine supporter originated is uncertain; I apprehend, however, that the honour is due to the late Doctor Dewees, whose labours have contributed so much to enlarge the boundaries of obstetrical science, and to adorn the history of the earliest and most celebrated medical institution of our country, that he well deserves the appellation of the *Father of American Obstetrics*.

While attending one of his lectures, in the University of Pennsylvania, upon prolapsus uteri, I heard him remark that the pessary occasioned, in some females, so much uterine and vaginal irritation, and consequent leucorrhœa, that they were obliged to discontinue the use of it, and that he hoped an instrument would some day be invented that would restore the displaced organ, by making external pressure upon the abdomen and perineum. This remark, perhaps through some medical students, reached the ear of Dr. Hull of New-York, and induced him to bring forward the first uterine supporter that ever was presented to the public. Subsequently a great variety of supporters were invented, by different persons, in various parts of the United States, the best of which by a Mrs. Betts, a well educated and accomplished lady, a native of London, now residing in the city of Philadelphia.\* She invented the apparatus for her own case, which, under the care of Professor Jackson, was conducted to such a successful issue that she was induced afterwards to offer the instrument to the medical profession. In the last three years, I have tried her supporter in my own practice, and in consultation, on upwards of fifty females, with great success, in some producing radical cures, and in others great comfort, so that I feel constrained to give it my cordial recommendation.

The time required to perform a radical cure by the supporter, varies from three to eighteen months, in most cases one year.

\*South-west corner of Third and Tammany streets.

A lady of this city, thirty-eight years of age, afflicted with procidentia uteri, consulted me in her case about three years since. She remarked that she had worn pessaries of various kinds for a length of time, all of which produced great irritation and leucorrhœa, and that she ascribed to this cause an abortion that she had had a few weeks before. She said this misfortune had caused her deep sorrow, having but one child, and that she was determined never again to submit to the introduction of a pessary. Besides the depression of her spirits, her general health was very feeble, and the only exercise she attempted to take was to walk down three or four steps, from her chamber to the dining room, to eat her meals.

I procured for her a uterine supporter, and after it was applied and properly adjusted, she felt so comfortable and strong, that, it being Sunday morning, she decided to walk with her husband to church, and, returning home but little fatigued, she went again in the afternoon. By the use of the supporter, chalybeates, and exercise in the open air, on foot, and in a carriage, she improved so rapidly that after one year, her health was established and her procidentia cured; and now she is able to attend to all her usual avocations without the encumbrance of a supporter. Nevertheless, as a prophylactic measure, when she expects to walk for three or four hours, shopping, or making morning calls, she puts it on. She is now one of the most healthy and efficient ladies in Philadelphia.

Another lady, about six weeks after her confinement, fell down stairs, by which a prolapsus uteri was produced. Being sent for immediately, I ordered her to bed, where she was confined three days, at the end of which time Mrs. Betts applied a supporter, which in three months effected a radical cure. A number of other cases, under my care, were radically cured, after a great variety of pessaries had been tried in vain, by the most skilful physicians.

For my success in the treatment of these cases I am much indebted to the assistance of the inventor of the apparatus. I now cause her to apply it to all my patients labouring under the complaint, unless objections are made, so that she can alter and adjust it to each female's particular shape. Without this precaution, the instrument will not give so comfortable a support to the patient, and acure will not be so rapidly or effectually accomplished.

Again: the perineal pad, when first applied, sometimes produces great irritation of the skin and unpleasant heat in the soft parts; when this is the case, I cause the pad to be removed for a few days, and, instead of it, to have applied under the perineal strap a soft folded napkin; and this substitution of the napkin for the pad is always necessary during the menstrual period, or, what sometimes answers equally well, to roll the napkin around the pad to prevent it from being soiled. Females, indeed, that are very particular, wear a piece of old linen or muslin around the pad always, that it may be kept perfectly clean. Mrs. Betts's supporter has been introduced into practice in New York, and in various other parts of the United States, and the testimony in its favour, from all quarters, is unequivocal.

I have found the supporter to be, also, a most effectual preventive of *habitual* abortion. Some females of leuco-phlegmatic temperament, great nervous irritability and feeble health, are subject to habitual abortion, which ordinarily takes place during the early months of pregnancy. At the return of every menstrual period, regular periodical uterine pains come on, threatening a premature delivery. Such cases, under proper management, may be conducted safely to the full period, and the accoucheur have the pleasure



of presenting to the anxious mother a living child, as the reward of her repeated sufferings.

As soon as the threatening pains come on, direct the patient to go immediately to bed, order dry cups to be applied over the sacrum, sometimes scarifying two, or four, so as to take away from two to four ounces of blood, according to circumstances, administering at the same time an anodyne enema, consisting of two ounces of flaxseed tea, or of a thin solution of starch, and from forty to a hundred drops of laudanum according to the urgency of the symptoms, and the capacity of the patient to bear narcotics. The foot-posts of the bedstead should be raised, at the same time, about six inches, by placing blocks of wood under them, so that the womb may be thrown upwards and points of irritation, thereby, be removed. This treatment, in a few hours, will put a stop to the threatening symptoms, but the patient must not be allowed to rise from her bed under two or three days, as the erect posture is apt to produce a relapse. Before she rises from her bed, a supporter should be carefully applied, which will give her great comfort, and enable her with safety to attend to her usual avocations.

Some authors recommend that patients, under such circumstances, should be kept in bed throughout the whole period of gestation; but such practice cannot be too much condemned, as in almost every instance it injures or destroys the female's health. Pregnant females that suffer from prolapsus uteri during the three first months of gestation, but at no other period, have also derived great comfort from wearing the supporter.

For a description of this apparatus, and the manner in which it is applied, I refer the reader to the 329th page of the second volume of the Medical Examiner. Every medical gentleman, however, from a glance at the apparatus, would at once comprehend the manner in which it should be applied. Mrs. Betts's last improvement, which she calls her *laced supporter*, is decidedly the best.

Notwithstanding the success that has attended the use of the supporter in Philadelphia, there are still a few medical gentlemen, who occupy an enviable position in the profession, that resist the introduction of this apparatus into their respective circles of practice. They object to its use because, as they allege, the pressure by the broad pad or belt over the hypogastric region must force the intestines downwards against the pelvic viscera, and thereby increase, instead of removing the disease. If this be true it is a valid objection, and the supporter ought to be laid aside. Let the facts decide. The axis of the pelvis is not parallel with the axis of the body, but strikes off from it at an angle of forty-five degrees. The centre of gravity being therefore in the direction of the axis of the body, the weight of the intestines must fall upon the symphysis pubis and upon the lower part of the parietes of the abdomen, especially if the female has borne children, and is consequently a little corpulent. Now it must be admitted, that if the pressure by the supporter were backwards and downwards, the intestines would be crowded upon the fundus uteri, and the displacement be consequently increased; but as the force which it exerts is upwards and backwards, exactly in the direction of the plane of the superior strait of the pelvis, or at right angles with its axis, I contend that it completely removes the weight of the intestines from the pelvic viscera, and that the uterus has consequently a tendency to rise to its natural position through the contractile power of its ligaments.

This objection then being, as I apprehend, completely removed, I proceed to examine another, which is, that the *perineal pad*, supported by the

strap that passes between the limbs, does not raise the uterus sufficiently high to restore it to its primitive situation, and that a radical cure can therefore, never be effected.

As those gentlemen, who condemn the supporter, maintain that the pessary is better calculated to restore the displacement under discussion, I shall consider this opinion first.

Pessaries are made of various materials, and of different shapes, but the flat circular pessary, made of glass or of silver gilt, is the kind most in use. This pessary is about half an inch in thickness, and two inches in diameter; in introducing and adjusting which, it is recommended that it be placed in the vagina upon its edge, with the convex surface towards the rectum and parallel with it, the upper edge in the cul de sac at the upper end of the vagina, and behind the posterior lip of the os uteri, and the lower edge resting upon the perineum or floor of the pelvis, near the point of the os coccygis. It is maintained that the pessary thus adjusted will raise the uterus its whole breadth, nearly two inches, and there sustain it until the ligaments that support the uterus have time to contract and recover their primitive tonicity, and a radical cure thus be accomplished. This is very plausible in theory, but difficult to reduce to practice.

If we commence at the posterior part of the superior strait of the pelvis, and pass along the hollow of the sacrum and coccyx and the floor of the pelvis up to the top of the symphysis pubis, we shall describe an arch amounting to nearly a semicircle. Now it is known that a weight capable of sliding upon a curved surface will not rest until it reaches the lowest position; consequently, if a pessary be placed in the vagina parallel with the rectum, while the patient is lying upon her back, it will remain in that position as long as she retains the recumbent posture; but as soon as she assumes the erect attitude, the pessary will slide down and rest with its convex surface parallel with the perineum, and now the thickness of the pessary, half an inch, is all that interposes between the os uteri and floor of the pelvis. The uterus is therefore only raised half an inch higher in the vagina than it was before the pessary was introduced, and if instead of the flat circular, the oblong or oval ring pessary were used, after it slides down, the os and cervix uteri would pass through it, rest upon the perineum, and therefore not be elevated at all.

Besides, if the pessary is found to answer effectually the purpose for which it is designed, why such an interminable change in its shape and dimensions! Now if it can be demonstrated that the *perineal pad and strap* of the supporter is capable of raising the uterus more than half an inch, and retaining it there permanently, as much will be accomplished by the supporter as can be done by the pessary, and the patient have the advantage of using an apparatus that is less irritating and less offensive to her sense of delicacy.

To prove this will not be difficult. The distance from the point of the os coccygis to the arch of the pubis is four inches and a half, which is filled up by very elastic soft parts that extend in the antero-posterior direction, not in a straight line, but curved downwards, so that the centre of the convexity projects at least one inch below a straight line. Now it requires no great stretch of the imagination to suppose that the convexity of the perineum could be pressed up by the pad to a straight line; nor is it difficult to conceive that by gradually shortening the perineal straps, the pressure might in time be so increased as to raise these parts one inch above the straight line, thereby raising the uterus two inches, which is more than can be accom-



plished by the pessary, even if it could be kept upon its edge and parallel with the rectum.

Such are the views which I entertain with regard to the use of the supporter in cases of prolapsed womb; and I have the satisfaction to know that I hold these opinions in common with a large majority of the medical profession, in and around Philadelphia.

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## BIBLIOGRAPHICAL NOTICES.

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*The Climate of the United States and its Endemic Influences. Based chiefly on the Records of the Medical Department and Adjutant General's Office, United States Army.* By SAMUEL FORRY, M. D. New York. 1842. 8vo. pp. 378.

A very happy order of the department of Washington enjoined upon the surgeons of the different military posts scattered throughout the United States, to collect careful observations of the most prominent meteorological phenomena observed at their different stations, and to transmit them to Washington with their reports of sickness and mortality. These observations are not of course as complete as those which could be instituted by scientific men exclusively occupied with meteorology, instead of medical officers who have other and more pressing duties to perform. They are complete enough, however, to furnish many valuable data. These have been carefully collected by Dr. Forry, who was for some time attached to the medical bureau of the army, at Washington, under the charge of the able surgeon-general Dr. Lawson. This volume contains the results of his laborious and most ably executed enterprise.

As a volume of medical statistics, it is the first published in the United States, and has such internal evidence of authenticity that it must remain as the basis of future observations, which will by its aid become more definite and much more easy. The work is well and carefully drawn up, and the deductions of the author are quite within the limits of his facts, perhaps they might have been carried still further without diminishing their value as accurate statistical data. As a vast collection of documents, the book will be much read, and more consulted by those who take an interest in the important subject of the influence of the climate of the United States on human life. A little more simplicity of style and expression would have been better adapted to a work of this severely philosophical character, but we are not disposed to cavil at a trifling disadvantage, where the tenor of the whole is decidedly good—almost unobjectionable.

The work commences with an essay on Climatology, especially in connexion with the climate of the United States, which, with the exception of the southern portion, belongs to those countries in which the climate is excessive, or characterized by extreme differences of temperature. This disappears, as

just mentioned, at the south eastern extremity, and is much less perceptible along the Pacific than the Atlantic coast. It has, on the whole, a very close similarity to the climate of China; that is, at the corresponding coast of Asia. As examples of extremes we have Fort Snelling, where the same temperature of the winter is  $15^{\circ} 95'$ , and of the summer  $72^{\circ} 75'$ ; at Key West that of the winter is  $70^{\circ} 05'$ , of the summer  $81^{\circ} 39'$ .

The question of the stability of climates in modern and ancient times is also touched upon, but not solved. The opinion of Arago that the climate of the world has been gradually getting milder for the last ten or twenty centuries is probably correct.

The next division of his subject leads the author to the strictly medical portion of his work, the endemic influences of the United States. The topography and peculiar circumstances relative to the posts on the northern chain of lakes are first described. Those near the most northern limits, at Mackinac, for example, are extremely salubrious, while intermittents and remittents are met with at the posts on the southern borders of some of the lakes. At the most healthy, the mortality is only 6-10 per cent.; but 14-10 and 15-10 where autumnal fevers prevail.

The second class includes the posts on the New England coast. In Boston Harbor the deaths are 13-10 per cent. from medical causes (excluding casualties.) Pleuritis and pneumonia now prevail instead of the catarrhal affections of the lakes. The post at New Port is pre-eminently healthy; no epidemics have prevailed there.

The third class includes the northern posts, remote from both the sea and lakes. These were very healthy; at West Point only 28-10 per 1000; at two other stations, where there are only troops of the line, 5-10 per cent. On the Mississippi and Missouri the mortality is higher, miasmatic causes here operating; at Cantonment Leavenworth 12-10 from medical diseases.

The middle division of the United States, according to Dr. Forry's classification, begins with Pennsylvania. Most of the posts are here in the alluvial parts, on the banks of the rivers where malaria prevails. The mortality was at one post (Fort Munroe) near Norfolk, as high as 32-10, exclusive of casualties and epidemic cholera. Near Savannah the mortality is 55-10; easily explained from the low rice fields near the town, and the prevalence of autumnal fevers.

The second class of this division embraces the interior posts. Near St. Louis, exclusive of cholera, the deaths are 35-10 per cent.; the barracks are on the banks of the Mississippi river, and many autumnal fevers prevail. At Fort Gibson (Arkansas) the mortality is 45-10, excluding cholera and casualties. Intermittents are more prevalent here than at any other post; sometimes, as in 1834, the autumnal fevers are very malignant. At other posts the mortality varies according to situation from two per cent. to 47-10.

The general results of this class of posts (exclusive of cholera and accidents) give a mortality of 36-10. Almost all of them are in malarious districts.



The third division includes the low countries on the southern border of the United States. Near Augusta, in a favourable situation on the sand hills, the mortality is 3 5-10. At Fort Mitchell (Alabama) nearly three per cent. At Baton Rouge (Louisiana) the mortality was enormous, 7 2-10, partly from endemic causes, and partly from most laborious duties required of the soldier. At New Orleans the mortality is less, 4 2-10. At both these points the chief cause of death is malignant remittent, otherwise called congestive fever, or, by the inhabitants, sometimes cold plague. On Lake Ponchartrain we have a healthy post, like the rest of its shores, with a mortality of about two per cent., but another post nearer the marshes of the Mississippi give a mortality of more than five per cent. Below New Orleans on the river it is less; mortality at the two posts at Plaquemine bend give 4 4-10 and 5 5-10 from medical causes.

The second class of this division includes the forts and posts in East Florida. The mortality varies from 1 8-10 to 9 8.10, (Key West,) chiefly from medical causes.

The classification ends with the temporary posts occupied during the Florida war, but of course of little or no value for a statistician.

It is very obvious, therefore, that the soldier rarely dies at his post of a medical disease, except from malarious causes, in the southern parts of the U. States. Is his health, therefore, equal to that of the civilian? There is, however, a source of fallacy in these documents: a soldier enlists for three years, and besides often deserts before the expiration of his service, and is sometimes discharged for ill health, and other causes. We have met with many, both officers and soldiers, who in reality fell victims to the climate of unhealthy posts, but died long after leaving them. This is especially the case with those from Florida, where the exposure is extremely great. The average age of soldiers is also favourable, so far as their power of resistance to disease is concerned. We may infer, therefore, that unhealthy climates are much more injurious to the life of the soldier than they would appear to be, because death follows much more frequently the slow rather than the rapid action of malarial poison (unless highly concentrated,) dropsy, phthisis, chronic dysentery, &c. being the frequent slow terminations. In the more healthy stations, however, the mortality may be considered the real average for persons placed under circumstances of the military as regards age, &c. On the whole, however, it is perfectly shown by the researches of Villermé that the military life is destructive even in peace, and the mortality amongst them is a little higher than civilians under the same circumstances.

The next section of the work is the general deductions; we extract the most interesting remarks. The average of catarrh, pleuritis, and pneumonia is much lower in the northern than the middle posts. So also as regards phthisis, the same result holds good, which is not exactly in accordance with ordinary belief. Dr. Forry accounts for it, in part at least, by the predisposition produced by the high temperature of summer, followed by the

cold of winter. The author next states the advantages of Key Biscayno on the eastern coast of Florida, as a residence for consumptive patients; probably as good as other points for permanent stay during the winter, but movement and travelling in incipient phthisis are indispensable. Rheumatism, it would seem, is more frequent in the northern than in the middle, and still more than in the southern states. The predominant diseases of the southern section are, of course, the different forms of remittent and intermittent fevers, with various bowel affections.

The general deductions are not limited to those which are immediately dependant upon the results of the statistics of the United States service. The excellent statistics of the British army are analyzed, and compared with the documents published in the beginning of the volume. The field is therefore a wide one, and if the author has been less happy in his analysis than we might have desired, it was probably owing to the want of time and research necessary for turning so large a mass of documents to profit. The study of the French writers on statistics, especially Villermé and Parent du Chatelet, would have been a good preparation for the task, that is, their later memoirs, for their earlier essays are marked with the same faults as that to which we are alluding. Our surprise is not, however, that the work should not be faultless, but that so laborious and apparently ungrateful a task should have led to such important results, furnishing a starting point for future writers which was previously not attainable:

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*Practical Surgery, with one hundred and fifty engravings on wood.* By ROBERT LISTON, Surgeon. Second American from the third London edition. *With additional notes and illustrations.* By GEORGE W. NORRIS, one of the Surgeons of the Pennsylvania Hospital. Philadelphia, 1842. pp. 588. Octavo.

We speak quite within the range of propriety in calling Mr. Liston one of the boldest, ablest, and most successful of the operators that have figured in the ranks of British surgery, and our readers may probably charge us with neglect in not sooner noticing the appearance of a second edition of the above mentioned work.

The delay has been the result of a desire to present a critical analysis of at least a few of the opinions and processes [advanced or advocated by the author. This design we are compelled to relinquish, because a proper review of a work so crowded with details would greatly exceed the bounds of a weekly journal, and we are therefore obliged to content ourselves with merely introducing it, in a general manner, to the notice of those who have not examined the previous edition.

As no scientific labour is above censure, we will venture upon a little legitimate fault-finding in the first place. The two earliest chapters, comprising thirty-three pages, are devoted to purely elementary directions, in relation to



incisions, ligatures, dressings, &c. These are by no means so extensive as would be desirable, and are given occasionally in a sweeping style, which reminds us of the manner of John Bell when denouncing the views of an opponent—a style by no means the most favourable for the conveyance of safe information to mere tyros, for whom alone the directions appear to be intended. The condemnation of greasy dressings and the use of pressure in wounds, for instance, though founded in justice, are liable to be misunderstood and misapplied practically by young practitioners. The too great generality of some of the remarks under censure are no doubt due to the desire that but little space should be devoted to these first lines; but as these chapters are in no degree necessary to the unity or completeness of the volume, we cannot repress the wish either that the author had omitted them altogether, or that the American annotator had extended them so as to include not only a few general laws in relation to minor operations and dressings, but the exceptions also, without a knowledge of which the application of general laws is rarely safe in surgery.

The other chapters, present a wide view of operative surgery as now practised in England, including the novel operations, and illustrated by cases drawn from the very ample experience of the author, though strongly tinged with peculiar opinions. The disposition of the subjects is chiefly in accordance with the artificial method of classification, arranging the accidents and surgical diseases pretty nearly in the order of the regions, systems, or tissues in which they chance to occur, and not according to the affinities of the morbid conditions. This, which is the great defect of many of the best works on the institutes of surgery, is by no means an objection to a work on operative surgery, like that under notice, and the book will be found one of easy reference. It should be found on the shelves of every surgeon residing at a distance from large libraries, who wishes to be familiar with the existing condition of his art in England.

The present edition is considerably improved upon its predecessor, and is published in a style which does great credit to the imprint of Thomas, Cowperthwait & Co.

Some very valuable matter has been added by the American editor,—we regret that he has not given us more; it would have improved the work. R. C.

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## CLINICAL REPORTS.

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*Pennsylvania Hospital—Surgical Wards—Service of Dr. Norris.*

By Dr. E. HARTSHORNE, Resident Surgeon.

**Fractured patella.**—Henry O'H., 60 years of age, feeble and emaciated, entered Nov. 11, with a transverse fracture of the left patella. The man stated that while walking in a cellar, he stumbled, and in falling struck his knee against the jutting end of a log of wood. He was unable to rise and immediately observed a depression in the knee-pan wide and deep enough to admit his thumb.

When brought into the ward, about eighteen hours after the accident, he appeared to be in great suffering; the joint had already become very tumid and tense, and so painful as to preclude any but a superficial examination into the condition of the parts. It was ascertained, however, that the fragments were at least an inch and a half if not two inches asunder.

The limb was extended, confined with a roller in this position on a back splint long enough to reach from just below the tuber ischii nearly to the heel, and elevated on an inclined plane, so as to flex the thigh on the pelvis—at the same time the body of the patient was propped up with pillows in order still more completely to secure the relaxation of the muscles, as well as to afford the man an easy recumbent position.

Owing to the great violence of the inflammation no forcible approximation of the fragments could be tolerated by the patient before the end of the first week. During this interval, the treatment by position was combined with the ordinary antiphlogistic regimen of rest, low diet, copious leeching, and saturnine lotions, rigidly maintained. On the eighth day the separated parts were brought within two or three lines of each other; and so maintained, in the following manner. Moderate and uniform compression of the limb having been effected by a roller carefully applied from the toes up to the middle of the thigh, the fractured surfaces were retained in their juxta-position by means of pads subjected to the pressure of a roller carried with some force around the knee and splint in two series of circular turns; the first of which operating on the upper margin of the patella, passed below the projecting ends of a cross-bar two inches wide, fixed transversely to the splints, at a point corresponding posteriorly to the tubercle of the tibia; the other series moved around the lower margin of the bone and above the projecting ends of the same cross piece. By this arrangement, the retraction of the upper fragment and the displacement of the lower were effectually counteracted without the constriction of the limb produced by the ordinary figure-of-eight bandage, especially when applied without the intervention of a splint and cross-bar.

In this case, as the sensibility in the injured joint did not rapidly abate even after the symptoms of more active inflammation had subsided, very little force was at first exerted on the retracting portion of the bone. This force was gradually increased in the course of the first three weeks, although it was not at any time very great, as the patient, being aged and of an irritable temperament, was intolerant of pain and bore the compression badly, while at no time did there appear in the muscles any strong disposition to contract. The lead-water dressing was continued at least fifteen days, until the heat of the part had nearly all disappeared.

Very firm and close union by ligament was found to be complete by the twenty-eighth day, the fragments being within the eighth of an inch of each other and entirely immovable. The patient was allowed to walk about on crutches with the splints still on, after confinement in bed about five weeks. In about ten days after leaving his bed he was directed to walk with the crutches alone, the splints being removed and a bandage only remaining. The knee was passively moved and well rubbed with soap liniment every day. Discharged January 29th, with the power of extending the limb very good, flexion being still difficult on account of the partial ankylosis arising from the treatment.

*Remarks.*—The present is the second case treated successfully in the last six months, with the apparatus here described. The first case was even more



unfavourable than this. A young German was admitted July 10, having received a transverse fracture of the patella with a small wound of the soft parts in front slightly exposing the bone, caused by the kick of a horse. Severe inflammation of course soon invested the injured part to such an extent that position only was available in the management of the fracture until the acute symptoms had been subdued by active antiphlogistic measures. The compresses and bandage were first applied about the 20th day, at which time the external wound had nearly cicatrised. The fragments were brought very near together, and union by a dense ligament advanced very well. After having walked about with the splints on for two or three weeks, the man was discharged Sept. 8th, with a trifling separation of the bone and a very good use of the joint. The splint employed in these cases is that of Desault, modified by the addition of the cross piece. The bandages recommended by that authority, however, are omitted, the simpler bandage around the knee and splint being preferred. It was employed as the ordinary apparatus of the house twenty years ago, without being at the time considered original or peculiar. A writer in the London Lancet for 1835-6, about six years since, introduced it, however, as a novelty to British surgeons, and advocated its employment. Lonsdale, in his work, describes it, and attributes its contrivance to this writer. It certainly possesses simplicity and ease of application, without creating much discomfort to the patient, while it appears to answer all the indications extremely well.

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## ANALECTA.

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*Six cases of Diarrhœa treated with Monesia.\** By Q. GIBBON, Salem N. J.—*Case 1st.* Mrs. K. Married. Had laboured under chronic diarrhœa accompanied with ulceration of the intestines for two years. Three or four months ago she was put upon small doses of acet. of morphia, which after several weeks continuance arrested the disease, and the patient remained for two months apparently perfectly well. At the expiration of this time the disease suddenly returned, and soon regained all its former activity. The extract of monesia was now commenced in doses of 5 grs. three times a day, and afterwards increased to 7 grs. four times per day, and continued for ten days, but without any other benefit than a slight decrease of the discharge for the first two days. The medicine was then discontinued, and the morphia substituted with its former success.

*Case 2d.* A child of W. H., affected with diarrhœa of 18 months standing, had used anodynes, alteratives and astringents freely, but without permanent benefit. The ext. monesiæ given in doses of two grs., three times per day, assisted by the warm bath and frictions with flannel, checked the discharges in two days, and removed all traces of the disease in two weeks.

*Case 3d.* J. M., aged 70—health delicate, had a diarrhœa, with short intermissions, for six months—had been treated with creta cum hydrarg. with but temporary relief. Took six grs. of monesia four times per day, from the 2d to the 10th of November, assisted by a few grs. of pulv. doveri.,

\*A detailed notice of the monesia by Dr. Martin St. Ange, will be found at p. 207 of vol. 3d of this journal. For reports of cases treated with monesia, see also pp. 215, 441, 517, 573, of the same volume.

occasionally, at bed time. The discharge ceased in two days, and upon the tenth he expressed himself perfectly well.

*Case 4th.* Mrs. J. Diarrhœa of four or five days continuance—slight fever, tormina, stools bloody and slimy. Had resorted to no previous treatment. Took 8 grs. of ext. mones. three times the first day, which checked the discharge, and allayed all unpleasant symptoms.

*Case 5th.* A child of four years of age, affected with bowel complaint which had commenced in the summer, and continued unchecked until November, though treated with a variety of astringents, and subjected to counter-irritation upon the abdomen. The monesia was given in doses of 2 grs. five times daily for six days, with the effect of gradually diminishing the discharges, changing their colour and consistence, and creating a vigorous appetite, which the child had not previously enjoyed. Having no more of the remedy, I was compelled to relinquish it. Dover's powder and flannel frictions were substituted, and I had the satisfaction of seeing my patient perfectly relieved in another week.

*Case 6th.* In this case the remedy entirely failed as in the first case. It was one of diarrhœa supervening upon phthisis pulmonalis, and had been previously treated by creta cum opio, acet. of lead., acet. of morphia, and several of the vegetable astringents, without benefit. The monesia was prescribed at first to the amount of 15 grs. and afterwards increased to 40 grs. per day, and persevered in for three weeks—when, as no abatement of the symptoms was perceived, the remedy was discontinued at the request of the patient.

*Remarks.*—That the above cases may be entitled to their just weight in the evidence now accumulating both for and against this new remedy, it may be well to state that the few last doses taken by Mrs. K. in the first case, occasioned slight nausea accompanied by a slight burning in the stomach. With this exception, I have not witnessed any of the irritating effects detailed by St. Ange. My doses, however, were not so large as he prescribed. The above cases lead me to infer that monesia is more astringent than tonic in its operation.—*Am. Med. Intel.*, Jan., 1842.

*Case of Complete Paralysis of the Seventh Pair of Nerves.* By DR. C. JAMES.—A young woman, 22 years of age, was seized with paralysis of the left side of the face, involving all those parts which are supplied by the seventh pair of nerves. The features were distorted and drawn towards the right side. She had no command over the motion of the left side of the face, eye-brow or eyelid. The upper lip of this side hung relaxed, and the lower was equally paralysed in its left half, and hung forward, giving issue to the saliva.

Galvanism was employed for the cure of this affection. One needle was fixed in the parotid gland, and the other was successively placed in the supra-orbital, infra-orbital, and mental foramen, and a stream of galvanism from Clark's galvanometer passed through and along the diseased nerves. Instead of relieving, the galvanism appeared to aggravate the affection, for by the sixth sitting, the right side of the face became equally affected with the left, and she gradually, but completely, lost the power of modulating the features, moving the lips, the eyelids, or the eyebrows.

At this stage of the affection her features appeared quite regular, but immovable, and quite incapable of expressing any of the emotions of the



mind. The eyelids were wide open, exposing a greater portion of the globe of the eye, and she could not close them. The eyebrows hung relaxed over the eyes. The nostrils were relaxed, and during forcible inspirations were pressed by the air against the septum, so as to act as valves and prevent the access of air to the lungs. The lips hung quite relaxed, and her speech was very indistinct, from the impossibility of articulating the labial letters. At every respiratory movement, the lips were blown out or carried in against the teeth, according to the direction of the current of air. The cheeks were relaxed and pendant. Mastication was very troublesome, for the food got between the relaxed cheeks and the gums, and required to be pushed between the teeth by means of the fingers.

Three days after the paralysis was complete on both sides, by the continuance of the galvanism, symptoms of amendment were visible, the features began to be drawn to the left, or first affected side; and in ten days after, the paralytic affection of that side was almost completely removed. It was not, however, till sixteen days after this that the paralysis was removed entirely from the right side of the face also, and the patient was declared cured. The patient had thirty applications of the galvanism before the cure was effected. A few more sittings were, however, given, in order to prevent a relapse.—*Edinburgh Med. and Surg. Jour., from Gaz. Med. de Paris, 18th Sept., 1841.*

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*Successful case of Amputation at the Hip-joint.* By M. TEXTOR.—[The following case is illustrative of the fact pointed out by Sir B. Brodie, that the vessels are occluded to a very considerable distance beyond the sphacelus, in cases of advancing mortification, while it proves that—although the recurrence of gangrene in stumps, is, in all probability due to this circumstance—incisions carried through the obliterated vessels are not in every instance unfortunate in their results.]

A man was seized with gangrene of the leg, for which the limb was amputated through the knee-joint. The gangrene, however, seized the stump, and M. Textor was obliged to amputate the thigh at the hip-joint. The only unusual occurrence noticed during the time of the operation, was that the crural artery was plugged up with a fibrinous clot, notwithstanding which, a ligature was passed around it. No unfavourable symptom followed; and four months after the operation, the man had so far recovered his health as to be able to walk about the court of the hospital.—*Ibid., from ibid., 4th Sept., 1841.*

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*Two cases of Excision of the Callus, in badly united Fractures.* By Professor PORTAL.—A man, 32 years of age, fell from a cart and fractured his tibia and fibula nearly in their middle. Inflammation, followed by purulent infiltration, attacked the limb, and as the patient was very restless, after the cure was effected it was found that the fragments of the bone had united in an irregular angular manner. Professor Portal first tried to break the callus across, in order to reset the limb, but not succeeding in this, he cut down on the irregular angular projection by a vertical incision, and uncovering the bones, passed a chain saw round them and removed about an inch of the bone. The wound united by the first intention; the limb was kept carefully

extended, and in forty-eight days the patient was dismissed cured. The limb was shortened a very little.

The other case was that of a woman, who had received a compound fracture of the upper third of the thigh bone. On account of the violence of the inflammation the limb was at first semiflexed, and when this had abated it was placed in the extended posture. After a period of twenty-eight days the bandage was removed, and it was found that the union had taken place irregularly, the broken ends forming an angle at their union. As it was found impossible to rupture the callus which had been thrown out, the ends of the bone were cut down on, a chain saw passed first around the upper fragment and about an inch and a half removed, and then around the lower, and half an inch of it cut off. The limb was then maintained in a state of permanent extension. The wound suppurated and became covered with an eschar, but no other unfavourable symptoms followed; and fifty-five days after the operation she was dismissed cured, with the limb shortened to the extent of two finger breadths, but perfectly serviceable.—*Ibid.*, from *ibid.*, 18th Sept., 1841.

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*Incipient Phthisis treated with Emetics.* By C. M. DURRANT, M. D.—Philis Strowger, æt. 19, a servant, of sallow complexion and leucophlegmatic habit: has lost a brother from consumption, and she herself has been the subject of a winter-cough for two years. On presenting herself for examination about six weeks since, she stated she was much harassed with a severe cough and shortness of breath, which she attributed to cold: complained also of soreness over the chest, with occasional "darting pains" between the shoulders; violent palpitation of the heart on the slightest exertion, which affects her also when in bed, and especially on first awakening in the morning; extremities generally cold; eyes dull, and surrounded with dark broad areolæ; head not painful but subject to giddiness; tongue clean, pale and indented with the teeth; appetite moderate; no thirst; bowels generally pretty regular; urine natural in quantity, depositing a lateritious sediment on cooling; catamenia appeared at sixteen, since which she had been very irregular, both in reference to quantity and period of recurrence; had considerable leucorrhœal discharge; pulse rapid; action of heart quick, jerking, and audible, over entire chest, otherwise normal; ribs under right clavicle did not appear to move so freely as on the opposite side, where also there existed slight dulness on percussion. I was unable to detect in this instance any flattening of the infraclavicular region. At the same spot the vesicular murmur was decidedly more feeble than under the opposite clavicle, together with a well-marked, prolonged, and roughened state of the expiratory sound; voice and cough shrill and acute, and more resonant than natural, under both clavicles, especially the right; could take a full inspiration without pain or increase of cough; had never had hæmoptysis, and did not expectorate; ankles swelled at night.

She was ordered a mild emetic every morning an hour before breakfast. Mist. Ferri Co. ʒi. ter die; a pill every night of Aloes, Ext. Conii, et Pil. Hydrarg.; and to sponge the chest freely night and morning with the turpentine and acetic acid liniment, as recommended by Drs. Stokes and Hughes.

After continuing the above remedies for a week, I added the following note. Cough greatly relieved; no expectoration; respiration much easier; vesicular murmur under right clavicle less rough, and nearly as loud as on



the opposite side; pain in chest greatly benefitted by the liniment; bowels open; catamenia still absent; leucorrhœa diminished: confesses in warm terms the relief afforded by the emetics. Ordered to continue their use on alternate mornings; to take two grains of iodide of iron thrice daily, and a pill every night of Ext. Conii, Aloes, et Ferri Sulph. From this treatment the symptoms rapidly improved; and on discontinuing the treatment at her own request, the chest in every respect was perfectly normal. The catamenia, however, had not returned.—*Medical Gazette*, Dec. 31, 1841.

[Emetics are sometimes a very good, though most disagreeable remedy in early phthisis, but we must watch their effects and discontinue them if the stomach suffer. We have seen much evil from their careless administration in this disorder. They are useless in highly constitutional phthisis, and not fitted for those cases in which there is much bronchitis accompanying or preceding the consumption.]

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*A Case of Stricture of the Trachea.* By W. C. WOTRHINGTON, Esq., Senior Surgeon to the Lowstoft Infirmary. Communicated by James Copland, M. D., F. R. S.—The patient, an agricultural labourer, aged 49, first came under the notice of the author in August, 1837. Four years previously he had contracted syphilis, for the cure of which mercury had been administered, but to an immoderate extent. During twelve months immediately previous to his putting himself under the author's care he had been confined to the house. The state of his respiration most especially attracted the author's attention, both as regarded the peculiarity of the noise attendant upon inspiration, and the very painful effort required for its accomplishment. The sound closely resembled that produced by an unsound horse, called "a roarer;" suggesting the idea that the air passed through a tube of narrow calibre. Each inspiration occupied ten seconds, and was obviously effected at the expense of very powerful exertion of all the muscles about the larynx. Utterance was hoarse and rough, and a troublesome cough was present. The stethoscope furnished no indication of disease of the lungs. After having suffered as above described, with little variation, for three years and a half, the patient dies from suffocation, some particles of bread and milk which he had taken for breakfast having fallen into the larynx.

On dissection, the trachea, just below the cricoid cartilage, was found contracted to the size of a goose-quill, the contraction being quite independent of adventitious deposit of any kind, the product of inflammation. The tracheal rings had entirely disappeared from the strictured part, whilst below, the constrictions of the rings were somewhat dilated beyond their natural calibre.

The alæ of the thyroid cartilage were somewhat approximated.

The author considers it probable that the disease had a syphilitic origin, and that the contraction of the membranous part of the trachea was consequent upon the absorption of the cartilaginous rings, and the simple result of the want of antagonism from the latter.—*Provin. Med. and Surg. Journ.*, Jan. 29, 1842.

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*Amputation at the Hip-joint.*—At a meeting of the Academy of Sciences, Paris, January 3d, M. Larrey presented a report on a case of amputation at

the hip-joint performed by M. Sedillot; this is the first successful operation of this kind ever performed at Paris.

The patient was a soldier, 28 years of age, who had compound fracture of the right thigh, in July, 1837. After having suffered for a considerable time from the results of the accident, union took place, but the injured limb was again accidentally broken. The patient was sent from the country to Paris in the early part of 1840. The leg was shortened, atrophied, and completely immovable; the thigh covered with cicatrices and several fistulous sores; the femur was carious in several places, and the disease could be traced communicating with the hip-joint. The limb was removed on the 7th August, by the double flap operation. The patient was discharged well in 50 days, and now enjoys excellent health.

M. Sedillot asks whether this operation should be performed at an early period, and before the developement of secondary accidents, or whether it is not more prudent to wait as he did, until the secondary effects of the injury have entirely disappeared. The author adopts the latter mode of practice. M. Larrey, on the other hand, affirms that primary amputation at the hip-joint may be performed in cases of recent injury as well as in those of chronic disease, and attributes the want of success in the former cases to the severe nature of the injury, on account of which the operation is usually required. M. Larrey also mentioned that he had performed this operation in two cases; in both, the wounds had been completely healed, when the unfortunate patients perished from cold and deprivations of every kind.—*Ibid.*

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March, 1842.

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March 19th, 1842.

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